

N95000001215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

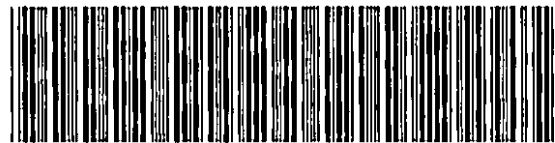
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mansion La Palma at Bay Colony Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N95000001215

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Graham Alford

Name of Contact Person

Guest Services, Inc.

Firm/Company

1004 Collier Center Way, Suite 201

Address

Naples, FL 34110

City/State and Zip Code

mansionlapalmamgr@guestservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graham Alford, GM

Name of Contact Person

239 513.2257

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mansion La Palma at Bay Colony Condominium Association, Inc.
2. The principal office address: 8720 Bay Colony Drive, Naples FL 34108

3. The mailing address (if different): 8720 Bay Colony Drive, Naples FL 34108

4. Date of incorporation/qualification: 03/13/1995 Document number: N95000001215

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned.

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Guest Services, Inc.

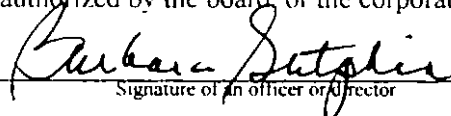
1004 Collier Center Way, Suite 201

P.O. Box NOT acceptable

Naples FL 34110-8422

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

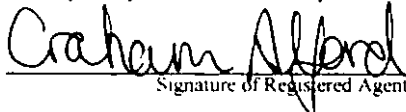
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Barbara Sutphin, Treasurer

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11/01/17

Date

If signing on behalf of an entity:

Graham Alford

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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